

USAREUR Regulation 40-57

Medical Services

Medicolegal (Forensic) Investigations of Deaths in USAREUR

15 August 2001

For the Commander:

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Chief of Staff

Official:



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Summary. This regulation--

- Prescribes policy and procedures for USAREUR agencies involved in a medicolegal (forensic) investigation.
- Supports changes to Section 1471, Title 10, United States Code, 5 October 1999, which gives authority to the Office of the Armed Forces Medical Examiner (OAFME) to conduct a forensic investigation, to include an autopsy, of an active-duty soldier, family member, or civilian whose death was the result of combat, a training or operational accident, aircraft mishap, mass-casualties (multiple fatalities) incident, suicide, or homicide, or whose death involves suspicious circumstances or was sudden and unexpected.
- Will be used with AR 40-57.

Applicability. This regulation applies to all organizations and elements of the USEUCOM and United States Central Command (USCENTCOM) areas of responsibility. (The United States Army is the executive agent according to DODD5154.24.)

Supplementation. Commanders will not supplement this regulation without CG, USAREUR/7A (AEAMD), and Office of the Armed Forces Regional Medical Examiner (OAFRME) approval.

Forms. USAREUR and higher-level forms (printed and electronic) are available through the USAREUR Publications System (UPUBS).

Suggested Improvements. The proponent of this regulation is the Office of the Command Surgeon, HQ USAREUR/7A (AEAMD, 371-2010/2199). Users may suggest improvements to this regulation by sending a DA Form 2028 (Recommended Changes to Publications and Blank Forms) to the Commander, United States Army Europe Regional Medical Command, ATTN: AFRME, APO AE 09042.

Distribution. C (UPUBS). This regulation is available only in electronic format.

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SECTION I

GENERAL

1. PURPOSE

This regulation prescribes policy and procedures for the medicolegal (forensic) investigation, to include an autopsy, of a death of an active-duty soldier, family member, or civilian in USAREUR that is under the authority of the Office of the Armed Forces Medical Examiner (OAFME). A death from combat; a training, operational, or off-duty accident; an aircraft mishap; a mass-casualties incident; suicide; or homicide; a death under suspicious circumstances; or a death that was sudden, and unexpected require a forensic investigation.

2. REFERENCES

Appendix A lists references.

3. EXPLANATION OF ABBREVIATIONS AND TERMS

The glossary defines abbreviations and terms.

4. RESPONSIBILITIES

- a. The Armed Forces Regional Medical Examiner (AFRME) will--

- (1) Conduct a medicolegal (forensic) investigation of a death in USAREUR that meets the criteria in Section 1471, Title 10, United States Code (10 USC 1471) (app B), according to OAFME policy.

- (2) When notified of a death in the USEUCOM or USCENTCOM area of responsibility (AOR), determine whether or not to perform a medicolegal (forensic) investigation.

- (a) Investigate the scene of the death, if possible.

- (b) Determine where to perform the autopsy.

(c) Maintain full forensic integrity throughout the forensic investigation to obtain the quickest recovery, identification, and release of the remains (the corpse, in whole or part).

(d) Attend forensic autopsies performed by local national (LN) authorities.

(e) Correlate findings and fulfill administrative requirements with the appropriate agencies.

(3) During the autopsy, obtain evidentiary material associated with the remains and transfer using a DA Form 4137 (Chain of Evidence/Property Form), record autopsy findings, and list the associated evidence in the autopsy report. Sign and send the report with the necessary law-enforcement chain-of-custody forms to the receiving agency or laboratory. Sign the preliminary and final reports for release to the Patient Administration Division (PAD), Landstuhl Regional Medical Center (LRMC), and later release to the appropriate agencies.

NOTE: After the autopsy, evidentiary material goes to the appropriate military criminal investigative organization (MCIO) (for example, the United States Army Criminal Investigation Command (USACIDC), U.S. Air Force Office of Special Investigations, Naval Criminal Investigative Services), aviation and safety board representative attending the autopsy or, if not required, to mortuary personnel. The OAFRME will annotate in the final autopsy report where the evidentiary material was sent.

(4) Ensure the autopsy is photographed (with a forensically trained photographer, if available) and provide copies to the MCIO or aviation and safety board representative. Keep a full set of the autopsy photographs and film negatives on file in the medical photography section, LRMC.

(5) Fax a copy of the preliminary autopsy report (SF 503, Medical Record – Autopsy Protocol) on forensic cases of active-duty soldiers to the OAFME. Send 10 to 20 percent of the final forensic autopsy reports and case materials on the deaths of active-duty soldiers to the OAFME for a quality-assurance review.

(6) As officer in charge (OIC), coordinate activities of the Disaster Mortuary Affairs Response Team (DMART) with the Director, U.S. Army Mortuary Affairs Activity, Europe (USAMAA-E), and ensure readiness is maintained. Deploy with the DMART when tasked by the USEUCOM joint mortuary affairs officer (JMAO), Medical Readiness Division (MRD), or other appropriate command through the Office of the Deputy Chief of Staff, Operations, HQ USAREUR/7A.

(7) Act as consultant to the aviation and safety board, correlate findings, and conduct an out-briefing with the aviation and safety board representative.

(8) Out-brief other commands, as needed.

(9) Provide forensic training for USAREUR personnel on request.

(10) Coordinate a network of associate medical examiners (AMEs) to handle medicolegal (forensic) investigation cases when needed.

(a) Ask the AFME to appoint AMEs from USAREUR staff pathologists who are trained or experienced in forensics or who have an interest in forensic pathology.

(b) Provide training, guidance, and consultation for AMEs.

(c) Ensure AMEs perform according to the standing operating procedures (SOP) of the OAFME and consult directly with the OAFME in the absence of the AFRME as needed.

(d) Perform a quality-assurance review of forensic-investigation cases in each AOR.

(11) Testify in military or civilian criminal procedures as required by law and regulation.

(12) Ensure operations of the OAFRME meet civilian forensic standards.

b. The OAFRME forensic assistant will assist the--

(1) Medical treatment facility (MTF) casualty officer with the coordination of the AFRME requirements.

(2) AFRME with all mission requirements.

c. The USACIDC will--

(1) Notify the OAFRME (or the OAFME when the OAFRME is unavailable) of a death of an active-duty soldier, family member, or civilian that may require a forensic investigation.

(2) Request a release of jurisdiction from LN authorities for the autopsy when necessary.

(3) Request permission to attend the autopsy and have an OAFRME pathologist present when LN authorities do not release jurisdiction or when the results of the autopsy may be included in a criminal court case that involves a U.S. soldier.

(4) Attend the autopsy performed on forensic cases.

NOTE: When attending the LN autopsy, the USACIDC representative should be familiar with the case and, as a minimum, bring a copy of the preliminary investigative report or initial criminal investigation division report that describes the circumstances of death, photographs, or videotape taken at the scene. Photographs may be digitized and sent to the OAFRME by e-mail.

(5) Notify the OAFRME and DMART forensic dentist of remains retained by LN authorities for identification purposes.

(6) Ensure all evidentiary material associated with the remains at the time of death, to include clothing, personal effects, professional equipment, medical equipment, "dog tags," identification card, and a passport, are transported with the remains to the place of autopsy. Trace-evidence-collection swabs will be performed and fingerprints will be taken during the autopsy.

(a) Medical instruments and ligatures should be left in place (cut above the knot) if not already disturbed during initial resuscitation.

(b) Evidentiary material will be documented, inventoried, and turned over to investigative personnel attending the autopsy. Ensure that the hands and feet of the deceased have been covered or wrapped with an appropriate material (for example, paper bags).

(7) If preservation of evidentiary material is a problem, ask the OAFRME representative to perform or witness the autopsy at the location of death.

d. The Director, USAMAA-E will--

(1) When tasked by the USEUCOM JMAO, MRD, or OAFRME, deploy the DMART and provide primary support to advise and assist in the management of a mass-casualties incident.

(2) Provide primary search and recovery (SAR) support to the command of the deceased active-duty soldier, family member, or civilian, in coordination with the OAFRME or OAFME, as required.

(3) Serve as the POC for coordination with outside agencies to identify additional SAR-related support needed to recover deceased personnel.

(4) Request the deployment of additional mortuary-affairs specialists to support SAR operations as needed.

(5) Coordinate with the deceased member's command and the USEUCOM JMAO for the onward movement of the remains to a point designated by USEUCOM, according to AFRME and OAFME requirements.

NOTE: Ensure all facilities in the AOR have the appropriate plastic body bags for the protection of the remains and evidentiary materials during transport.

(6) Before release by the AFRME, ensure mortuary specialists protect the forensic integrity of the remains and evidentiary material.

(7) Ensure mortuary specialists transport remains “as is” in a plastic or a double-plastic body bag to protect the remains from water damage. Evidentiary material should stay in place (c(5) above) whenever possible.

(8) Ensure mortuary specialists fill out a DA Form 4137 when noninventoried remains or evidentiary material are received from medical personnel.

(9) Ensure next of kin (NOK) are provided with the OAFRME telephone number (app C) in case they have any questions about the autopsy.

e. Joint task force, area support group, base support battalion, and installation commanders responsible for the area where a death occurs (10 USC 1471 and AR 638-2) will--

(1) React to “all combat and noncombatant deaths of members of the Armed Forces on active duty, not medically determined to be from natural causes,” as potential homicides “until evidence is established otherwise” (10 USC 1471 and DODI 5505.3).

(2) Ensure the military police (MP) are notified and that the scene of the death is secured.

(3) Ensure command activities support OAFRME (if not available, OAFME) and DMART requirements.

(4) Arrange for delivery of U.S. citizen remains to the nearest U.S. Army mortuary in coordination with the OAFRME (if not available, OAFME) and USAMAA-E.

(5) Ensure the OAFRME (if not available, OAFME) receive preliminary investigative information by the time of autopsy.

f. MP personnel will--

(1) Secure the scene of the death immediately on notification of the incident.

(2) Notify the appropriate MCIO.

(3) When applicable, ensure evidentiary materials associated with the remains at the time of death are transported with the remains to the place of autopsy (c(6) above). If the MCIO is not available in the AOR before transporting the remains, the MP will wrap the hands and feet of the deceased in paper bags when possible.

g. MTF and medical department activity commanders will ensure--

(1) The death of an active-duty soldier, family member, or civilian, that requires a medicolegal (forensic) investigation is reported telephonically as soon as possible to the OAFRME (if not available, the OAFME or USAMAA-E) and MCIO, according to DODI 5505.3.

(2) Activities support OAFRME (if not available, OAFME) and USAMAA-E requirements.

(3) Coordination is maintained with the OAFRME (if not available, OAFME) and DMART in a mass-casualties incident or the death of an active-duty soldier, family member, or civilian where positive identification is in doubt. The presence of the OAFME or OAFRME representative is essential at the scene for the correlation of injuries and collection of evidence required for safety and criminal investigations.

(4) Custodians of medical and dental records send the appropriate records to the autopsy location. The records may be sent separately or with the remains, in coordination with the OAFRME, for when the autopsy is scheduled. If the records will not be available in time for the autopsy, the custodian of the records will notify the OAFRME 24 hours before the scheduled autopsy.

NOTE: Written records should be copied and sent by fax or scanned and sent by e-mail to the OAFRME to ensure clarity of information, to include name, social security number, and date. Dental x-rays may be digitally photographed and sent by e-mail to the OAFRME.

h. The MTF casualty officer and administrative officer of the day will--

(1) Notify the OAFRME (if not available, OAFME or USAMAA-E) and the MCIO of the death of an active-duty soldier, family member, or civilian that may require a forensic investigation.

(2) Notify the MP.

(3) Notify LN authorities and verify release of jurisdiction for autopsy. If LN authorities maintain jurisdiction for the autopsy--

(a) Arrange for the OAFRME and MCIO representative to be at the autopsy if the death was the result of a training or operational accident, suicide, or homicide; if the death occurred under suspicious circumstances; or if the death was sudden and unexpected.

(b) Coordinate immediate release of the remains after the autopsy for transport to the USAMAA-E.

(c) Ensure DA Form 3910 (Death Tag) and DD Form 565 (Statement of Recognition of Deceased) are completed and accompany the remains.

(4) Ensure coordination between activities and the OAFRME (if unavailable, OAFME).

(5) Ensure DA Form 3910 tags are physically attached to the remains before they are transported to the location of the autopsy.

(6) Ensure the remains are transported "as is" and evidentiary material (c(6) above) is not disturbed.

(7) In coordination with the custodian of medical and dental records (g(4) above), ensure the appropriate records (app D) either accompany the remains or are sent to where the autopsy or dental examination will be performed.

(8) If remains are visually recognizable, ensure DD Form 565 is signed and witnessed. The form will accompany the remains to the place of autopsy.

(9) Coordinate with the OAFRME, DMART (including the forensic dentist), and OAFME when the death is that of an active-duty soldier, family member, or civilian and positive identification is in doubt (for example, aircraft mishap).

(10) Contact the OAFRME or USAMAA-E if questions arise about a death under forensic investigation in the AOR.

(11) Complete DD Form 2064 (Certificate of Death Overseas) for signature by the OAFRME pathologist after the autopsy and give the form to mortuary personnel so that the remains can be released from Medical Hold.

(12) Notify the NOK, if known, that an autopsy will be performed, according to 10 USC 1471. Questions or concerns by the NOK about the autopsy should be referred to the OAFRME (app C).

(13) Ensure the NOK do not view the remains until after the autopsy and the AFRME has released the remains to the mortuary for preparation.

(14) Encourage the NOK to contact the USAMAA-E by telephone (app C) as soon as possible to view the deceased after preparation and coordinate final arrangements of the remains.

i. The attending MTF physician or MTF physician pronouncing death will--

(1) Complete the medical record by preparing DA Form 3894 (Hospital Report of Death), section A, in duplicate; DD Form 2064; and DA Form 2984 (VSI/SI/Special Category Patient Report). Change the patient's status to "died," specify the immediate cause of death, and describe contributing conditions.

NOTE: Only a known clinical diagnosis should be documented as a cause of death on the DD Form 2064. For deaths that have no documented natural cause (a forensic death), the cause and mode (manner) of death should be filled out only by the pathologist after the autopsy has been performed.

(a) For an in-patient death, complete the patient's medical record by completing SF 502 (Narrative Summary) and describe the clinical events pertaining to the death.

(b) For a dead-on-arrival or other non-inpatient death, complete SF 600 (Chronological Record of Medical Care) or SF 558 (Emergency Treatment Record) and annotate when the physician examined the remains, pronounced the date and time of death, and provide a POC telephone number.

(2) Prepare and sign DA Form 3910, in triplicate. Tie one tag to the great toe on the right foot; the second tag to the left wrist; and the third tag to the outside sheet when the remains are wrapped. The third tag will be removed in the mortuary and attached to the body bag.

(3) A request for an organ (or organs) donation from the remains of a forensic death will be cleared by the OAFRME (if not available, the OAFME) before proceeding.

j. MTF nursing and medical personnel will ensure--

(1) Deceased soldiers, family members, or civilians under possible forensic investigation are transported "as is" (following life-saving medical procedures).

(2) Evidentiary material (b(5) above) is left in place (not inventoried).

(3) The remains are not washed and medical equipment is left in place.

(4) Required forms (app D) are in the "death packet" before the remains are sent to the mortuary or hospital morgue. These forms should be filled out, signed, and witnessed, as necessary.

(5) The remains are not viewed by NOK in forensic investigation cases (h(13) and (14) above).

k. The DMART forensic dentist will--

(1) In coordination with the DMART, help conduct the on-site evaluation of available dentition in cases where visual recognition is not possible and SAR of dissociated dental fragments are required for positive identification.

(2) Serve as OIC of the DMART forensic dental team and coordinate team activities, on-site preliminary examinations, and final dental examinations for positive identification.

(3) Support the OAFRME in dental examinations for positive identification, as required.

(4) Send written determinations to the OAFRME and mortuary personnel after the examination.

l. The military flight surgeon or safety board representative will--

(1) Immediately notify, consult with, and coordinate activities with the OAFRME, DMART (including the DMART forensic dentist), and the OAFME in an aircraft mishap, mass-casualties incident, or training accident that resulted in the death of an active-duty soldier, family member, or civilian.

(2) Coordinate support through the appropriate safety office for the DMART requirements at the scene.

(3) Attend the autopsy and retrieve evidentiary material if necessary.

SECTION II

ADMINISTRATION AND PROCEDURES

5. GENERAL

According to OAFME policy, forensic investigations will be conducted on a death (combat or noncombat) of an active-duty soldier using the OAFME system in conjunction with 10 USC 1471. Positive identification will be based on at least one piece of definitive information (dental examination, fingerprints, or deoxyribonucleic acid (DNA) analysis).

6. THE SCENE OF DEATH

The security and examination of the scene is the responsibility of the investigating agency. That agency will provide the OAFRME (if not available, OAFME) the best opportunity to begin the medicolegal (forensic) investigation and collect evidence associated with the remains.

a. In cases of a training or operational accident, off-duty accident, suicide, homicide, suspicious circumstances, or a sudden unexpected death, and after coordination with the OAFRME, the remains should be transported directly to the USAMAA-E (or another location as deemed necessary by the AFRME) for an autopsy (subject to release of LN jurisdiction).

b. When, for valid reasons, it is not possible or advisable to transport the remains, the MCIO or MTF commander will request the OAFRME to perform the autopsy in the MTF or observe the autopsy at an LN facility. This is particularly advisable for homicides, aircraft mishaps, and training or operational accidents in which a prompt investigation of the scene and positive identification by the OAFRME are critical.

7. MANAGEMENT OF FORENSIC INVESTIGATIONS

Management of a forensic investigation in the USEUCOM and USCENTCOM AOR is determined by the OAFRME on a case-by-case basis in coordination with the OAFME and USEUCOM JMAO. The OAFRME will make this decision based on the need to protect the integrity of the investigation, the condition of the remains, and available resources.

a. A forensic investigation on six to eight remains, identifiable by visual recognition or definitive dental examinations, may be performed at the USAMAA-E facility.

b. In the event that remains are fragmented, dentition is not intact, and the possibility of commingling exists, the on-site participation of the DMART for evaluation, documentation, and recovery may be required for expedient processing of the remains in the USAMAA-E facility.

c. The OAFME facility at Dover Air Force Base, Delaware, will be used for mass-casualties operations (more than eight remains). The operational plan of this facility consists of an orderly process to detect and remove hazardous items, definitively identify the remains, collect evidence and personal effects, determine and document the cause and manner of death, assess injury patterns, and prepare the remains for shipment. For fragmented cases with commingling and cases without adequate dentition for positive identification, the remains will be transported to the Dover facility.

d. The DMART will be deployed within the AOR for the on-site evaluation, documentation, recovery, and evidence preservation involving terrorist acts. The remains will be transported to the Dover facility for the medicolegal (forensic) investigation in conjunction with FBI requirements.

8. REQUIRED DOCUMENTS

The following documents must be sent to the OAFRME facility with the remains when an autopsy will be conducted:

a. Two copies of completed DD Form 2064.

b. Health and dental records or any other medical records related to the deceased.

c. A statement of whether or not an investigation of the circumstances of death was made by local military or civilian authorities, their preliminary findings, and the names and telephone numbers of the investigating authorities.

d. A statement by LN authorities that they have released jurisdiction for the autopsy.

e. A completed DD Form 565. Identification of remains should be made by a commander, coworker, or friend of the deceased.

f. DA Form 3910 tags that correspond to the identifying information listed on DD Form 565.

g. Evidentiary material associated with the remains at the time of death (para 4c(6)).

9. AUTOPSY REPORTS

The preliminary and final autopsy reports will be sent to the Medical Correspondence Section, PAD (LRMC) or the MTF where the autopsy was performed. DOD personnel and agencies with a “need to know” may request a copy of the reports from the Medical Correspondence Section after completing the appropriate release forms. The preliminary autopsy report will be completed in 2 workdays. The final autopsy report will be completed in 30 workdays for routine cases and 90 workdays for complex, nonroutine cases.

10. NOTIFICATION AND PROCESSING PROCEDURES

Personnel conducting a forensic investigation will follow the notification and processing procedures in paragraph 4 and use POC telephone numbers in appendix C, as necessary.

11. DISPOSITION OF REMAINS

The remains in forensic cases will be secured at all times. Except for identification purposes, the NOK may not view the remains until after the autopsy and the AFRME has released the remains to a mortuary.

12. USACIDC INVESTIGATIONS

The USACIDC will investigate noncombat deaths to determine criminality when medical authorities cannot determine that the death was the result of natural causes (AR 195-2, paras 1-5 and 3-3).

13. UNITED STATES AIR FORCE OFFICE OF SPECIAL INVESTIGATIONS

The United States Air Force Office of Special Investigations – Forensic Specialist will assist the OAFRME in medicolegal (forensic) investigations of combat and noncombat deaths, as required.

14. UNITED STATES NAVY CRIMINAL INVESTIGATION SERVICE

The United States Navy Criminal Investigation Service – Forensic Specialist will assist the OAFRME in medicolegal (forensic) investigations of combat and noncombat deaths, as required.

APPENDIX A REFERENCES

Section I Publications

Section 1471, Title 10, United States Code

DOD Directive 5154.24, Armed Forces Institute of Pathology

DODI 5505.3, Initiation of Investigation by Military Criminal Investigative Organizations

Memorandum, The Assistant Secretary of Defense, 24 January 2000, subject: Implementation of National Defense Authorization Act for Fiscal Year 2000, Section 721 (Forensic Pathology Investigation By Armed Forces Medical Examiner)

AR 40-2, Army Medical Treatment Facilities: General Administration

AR 40-57, Armed Forces Medical Examiner System

AR 195-1, Army Criminal Investigation Program

AR 195-2, Criminal Investigation Activities

AR 638-2, Care and Disposition of Remains and Disposition of Personal Effects

USEUCOM Directive 66-1, Mortuary Affairs

USAREUR Regulation 40-400, Reporting of Births, Deaths, and Diseases in USAREUR

Memorandum, United States Army Mortuary Affairs Activity, Europe (USAMAA-E), 14 April 1999, subject: Mortuary Affairs Support Plan for Disaster Mortuary Affairs Response Team (DMART)

Section II Forms

DD Form 565 (Statement of Recognition)

DD Form 2064 (Certificate of Death Overseas)

DA Form 2984 (VSI/SI/Special Category Patient Report)

DA Form 3894 (Hospital Report of Death)

DA Form 3910 (Death Tag)

DA Form 4137 (Chain of Evidence/Property Form)

DA Form 5327-R (Bona Fide Dependent Declaration (Military))

SF 502 (Medical Record – Narrative Summary)

SF 503 (Medical Record – Autopsy Protocol)

SF 523 (Medical Record – Authorization for Autopsy)

SF 558 (Emergency Treatment Record)

SF 600 (Chronological Record of Medical Care)

APPENDIX B

OAFME AUTHORITY TO CONDUCT MEDICOLEGAL (FORENSIC) INVESTIGATIONS

Section 1471, Title 10, United States Code (10 USC 1471), enacted by the 106th Congress, 5 October 1999, provides authority for the Office of the Armed Forces Medical Examiner (OAFME) to conduct medicolegal (forensic) investigations, to include autopsies, of active-duty servicemembers of the Armed Forces and civilians. In addition to increasing the authority of the OAFME, 10 USC 1471 repealed U.S. Codes 4711 and 9711, which established procedures for forensic investigations with Federal jurisdiction. The following paragraphs are excerpts from 10 USC 1471:

(a) Authority - Under regulations prescribed by the Secretary of Defense, the Armed Forces Medical Examiner may conduct a forensic pathology investigation to determine the cause or manner of death of a deceased person if such an investigation is determined to be justified under circumstances described in subsection (b). The investigation may include an autopsy of the decedent's remains.

(b) Basis for Investigation

(1) A forensic pathology investigation of a death under this section is justified if at least one of the circumstances in paragraph (2) and one of the circumstances in paragraph (3) exist.

(2) A circumstance under this paragraph is a circumstance under which--

(A) It appears that the decedent was killed or that, whatever the cause of the decedent's death, the cause was unnatural;

(B) The cause or manner of death is unknown;

(C) There is reasonable suspicion that the death was by unlawful means;

(D) It appears that the death resulted from an infectious disease or from the effects of a hazardous material that may have an adverse effect on the military installation or community involved; or

(E) The identity of the decedent is unknown.

(3) A circumstance under this paragraph is a circumstance under which--

(A) The decedent--

(i) Was found dead or died at an installation garrisoned by units of the armed forces that is under the exclusive jurisdiction of the United States;

(ii) Was a member of the Armed Forces on active duty or inactive duty for training;

(iii) Was recently retired under chapter 61 of this title as a result of an injury or illness incurred while a member on active duty or inactive duty for training; or

(iv) Was a civilian dependent of a member of the armed forces and was found dead or died outside the United States;

(B) In any other authorized Department of Defense investigation of matters which involves a death, a factual determination of the cause or manner of the death is necessary; or

(C) In any other authorized investigation being conducted by the Federal Bureau of Investigation, the National Transportation Safety Board, or any other Federal agency, an authorized official of such agency with authority to direct a forensic pathology investigation requests that the Armed Forces Medical Examiner conduct such an investigation.

(c) Determination of Justification

(1) Subject to paragraph (2), the determination that a circumstance exists under paragraph (2) of subsection (b) shall be made by the Armed Forces Medical Examiner.

(2) A commander may make the determination under paragraph (2) of subsection (b) and require a forensic pathology investigation under this section without regard to a determination made by the Armed Forces Medical Examiner if--

(A) In a case involving circumstances described in paragraph (3)(A)(i) of that subsection, the commander is the commander of the installation where the decedent was found dead or died; or

(B) In a case involving circumstances described in paragraph (3)(A)(ii) of that subsection, the commander is the commander of the decedent's unit at a level in the chain of command designated for such purpose in the regulations prescribed by the Secretary of Defense.

(d) Limitation in Concurrent Jurisdiction Cases

(1) The exercise of authority under this section is subject to the exercise of primary jurisdiction for the investigation of a death--

(A) In the case of a death in a State, by the State, or a local government of the State; or

NOTE: In this section, the term "State" includes the District of Columbia, the Commonwealth of Puerto Rico, and Guam.

(B) In the case of a death in a foreign country, by that foreign country under any applicable treaty, status of forces agreement, or other international agreement between the United States and that foreign country.

(2) Paragraph (1) does not limit the authority of the Armed Forces Medical Examiner to conduct a forensic pathology investigation of a death that is subject to the exercise of primary jurisdiction by another sovereign if the investigation by the other sovereign is concluded without a forensic pathology investigation that the Armed Forces Medical Examiner considers complete. For the purposes of the preceding sentence, a forensic pathology investigation is incomplete if the investigation does not include an autopsy of the decedent.

(e) Procedures - For a forensic investigation under this section, the Armed Forces Medical Examiner shall--

(1) Designate one or more qualified pathologists to conduct the investigation;

(2) To the extent practicable and consistent with responsibilities under this section, provide due regard to any applicable law protecting religious beliefs;

(3) As soon as practicable, notify the decedent's family, if known, that the forensic pathology investigation is being conducted;

(4) As soon as practicable after the completion of the investigation, authorize release of the decedent's remains to the family, if known; and

(5) Promptly report the results of the forensic pathology investigation to the official responsible for the overall investigation of the death.

APPENDIX C

POC TELEPHONE NUMBERS

Office of the Armed Forces Regional Medical Examiner:

AFRME/Officer-in-Charge (OIC), Disaster Mortuary Affairs Response Team (DMART)
DSN 486-8292/7492
Civ: 06371-86-8292/7492
After duty hours: DSN 486-8106/7494/7114
Cell phone: 0171-9746812

Forensic Assistant
DSN 486-6318/6781/7073
Civ: 06371-86-6781/7073
Cell phone: 0175-263-8209

United States Army Mortuary Affairs Activity, Europe (USAMAA-E)
Landstuhl, Germany
DSN 486-7072/7073/7074 (24 hours)

OIC, Forensic Dentist Team, DMART
DSN 486-8226
Cell phone: 0171-3365690
LRMC ER Operator: DSN 486-8415/8160

OIC, DMART (Search and Recovery)
Director, USAMAA-E
DSN 486-7072/73/74
Cell phone: 0171-2274846

Office of the Armed Forces Medical Examiner, Washington, D.C.
DSN 285-0000 (24 hours)
Civ: 1-800-944-7912

Joint Mortuary Affairs Officer (JMAO)
United States European Command
DSN 430-5963/5807

Office of the Deputy Chief of Staff, Operations, HQ USAREUR/7A
Crisis Action Branch, Watch Officer
DSN 370-8966
Crisis Action Team Surgeon, Operations
DSN 370-8795

Chief, Plans and Mortuary Affairs
HQ USAFE/SVXP
DSN 496-7982/7985
Cell phone: 0171-3307434

Casualty Officer and Administrative Officer of the Day
Patient Administration Division (PAD), LRMC
DSN 486-8350/8106

Medical Correspondence Section
PAD, LRMC
DSN 486-8822

Office of the Provost Marshal, HQ USAREUR/7A
Law Enforcement Branch
DSN 381-8126/8987
SDO Cell phone: 0171-2212713

United States Army Criminal Investigation Command
Kaiserslautern Resident Agency
DSN 489-6430/6432/6060

United States Air Force Office of Special Investigations – Forensic Specialist
DSN 496-6613
Civ: 0171-210-3377

United States Naval Criminal Investigation Service – Forensic Specialist
DSN 626-3756/0039

APPENDIX D

POSTMORTEM DOCUMENTS AND ITEMS

The administrative documents and evidentiary items in figure E-1 should be present to process an autopsy of a soldier, family member, or civilian whose death is under forensic investigation. Those documents and items relevant to the death (this regulation, para 8) should be sent to the Office of the Armed Forces Regional Medical Examiner before the autopsy, if possible.

ADMINISTRATIVE DOCUMENTS/ITEMS
1. Casualty message report
2. Composite Health Care System registration form
3. Dental record
4. Medical record
5. Preliminary investigative report
6. DD Form 565 (Statement of Recognition)
7. DD Form 2064 (Certificate of Death Overseas)
8. DA Form 2984 (VSI/SI/Special Category Patient Report)
9. DA Form 3894 (Hospital Report of Death)
10. DA Form 3910 (Death Tag)
11. DA Form 4137 (Chain of Evidence/Property Form)
12. DA Form 5327-R (Bona Fide Dependent Declaration (Military))
13. SF 523 (Authorization for Autopsy)
14. SF 558 (Emergency Treatment Record)
15. SF 600 (Chronological Record of Medical Care)
16. Evidentiary material associated with the remains at the time of death, to include clothing, professional equipment, medical devices, and personal effects
17. Release of jurisdiction by local national authorities

Figure E-1. Administrative Documents and Evidentiary Items Needed to Process an Autopsy Under Forensic Investigation.

GLOSSARY

Section I

ABBREVIATIONS

AME	associate medical examiner
AOR	area of responsibility
AR	Army Regulation
CG, USAREUR/7A	Commanding General, United States Army, Europe, and Seventh Army
DA	Department of the Army
DMART	Disaster Mortuary Affairs Response Team
DNA	deoxyribonucleic acid
DOD	Department of Defense
DODI	Department of Defense instruction
FBI	Federal Bureau of Investigation
HQ USAREUR/7A	Headquarters, United States Army, Europe, and Seventh Army
ID	identification
JMAO	joint mortuary affairs officer
LN	local national
LRMC	Landstuhl Regional Medical Center
MCIO	military criminal investigative organization
MP	military police
MTF	military treatment facility
NOK	next of kin
OAFME	Office of the Armed Forces Medical Examiner
OAFRME	Office of the Armed Forces Regional Medical Examiner
OIC	officer in charge
PAD	patient administration division
PE	personal effects
POC	point of contact
SAR	search and recovery
SOP	standing operating procedures
U.S.	United States
USACIDC	United States Army Criminal Investigation Command
USAMAA-E	United States Army Mortuary Affairs Activity, Europe
USAREUR	United States Army, Europe
USCENTCOM	United States Central Command
USEUCOM	United States European Command

Section II

TERMS

antemortem

Before death.

Armed Forces Regional Medical Examiner

A board-certified forensic pathologist appointed by the Office of the Armed Forces Medical Examiner, with the concurrence of the United States Army Surgeon General, to perform medicolegal (forensic) investigations in the USEUCOM and United States Central Command (USCENTCOM) areas of responsibility (AOR). The Armed Forces Regional Medical Examiner is responsible for investigating all forensic deaths in the USEUCOM and USCENTCOM AORs according to 10 USC 1471.

associate medical examiner

A hospital staff pathologist appointed by the Office of the Armed Forces Medical Examiner based on training, interest, and experience to perform medicolegal (forensic) investigations in support of the Armed Forces Medical Examiner System.

commingling

The intermixing of body fragments or segments from more than one body.

death packet

Official processing forms associated with the death of an active-duty soldier, family member, or civilian.

definitive identification

Positive identification of the deceased by conducting a forensic postmortem dental examination using antemortem records performed by forensic odontologists (forensic dentists), by comparing postmortem and antemortem fingerprints, or by conducting a DNA analysis using postmortem and antemortem specimens.

dentition

The character of a set of teeth.

Disaster Mortuary Affairs Response Team (DMART)

A multidisciplinary, multi-service team that provides members who are trained and experienced in forensic medical, dental, criminalistic, photographic, and search-and-recovery techniques and can respond according to the particular death or multiple-fatality event.

evidentiary material

Items associated with the remains at the time of death (for example, ligatures, weapons, medications, clothing, professional equipment, personal effects, military identification card, “dog tags,” passport).

forensic death

Death due to no known clinically documented natural cause or causes. Death may be the result of an accident, suicide, or homicide; have occurred under suspicious circumstances; or was sudden and unexpected.

medicolegal (forensic) investigation

A systematic process of gathering, recording, and preserving evidence and information for purposes of positive identification of the deceased, documentation of trauma and preexisting conditions, and investigative correlations to include an interpretation of injury patterns. The goal of a forensic investigation is to determine a cause and manner of death compatible with the scene of death, terminal events, and the background of the deceased, and to assist with criminal and safety-board investigations.

Office of the Armed Forces Regional Medical Examiner (OAFRME)

The office under the AFRME that is responsible for the administrative management of the medicolegal (forensic) investigation in the USEUCOM and USCENTCOM areas of responsibility. To meet current civilian standards in forensic medicine, a dedicated forensic assistant, a forensic photographer, and a backup network of associate medical examiners will be assigned to the OAFRME.

positive identification

A process for determining the identity of the deceased by using one or more pieces of definitive identification (for example, dental examination, fingerprints, DNA analysis). Positive identification may not be possible when the remains are severely damaged, decomposed, burned, or fragmented with possible commingling of multiple remains.

postmortem

After death.